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From Crisis to Resilience:

*Addressing Trauma and Toxic Stress in Workforce Development
and Education Systems*

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Part I

The mental health crisis facing workforce development
and education systems



Promoting healing in a trauma-impacted landscape

Vivek H. Murthy, the U.S. surgeon general, says “[mental health is the defining public health crisis of our time.](#)” This likely won’t come as a surprise to leaders and practitioners in workforce development agencies, education and training programs, and school systems. Workforce participants and students are facing significant trauma and stressors in the post-pandemic landscape — as are the burned-out staff who support them. And these challenges are even more exacerbated for communities that have been historically marginalized by these systems, leading to deeper inequities within education and career opportunities.

Workforce development programs are leaning into equity-centered solutions to increase support and labor participation for individuals, including funding childcare options and providing job training for individuals facing substantial barriers. Similarly, school systems and institutions are doing their best to organize and provide mental health resources for students virtually and on campus, in the post-pandemic world.

Yet there’s a frequently overlooked and typically underfunded area that is necessary to holistically address the heightened mental health challenges: trauma-informed, healing-centered and resilience-building support for workforce development and education participants and staff.

A GAP IN TRAUMA-INFORMED CARE IN EDUCATION, TRAINING AND JOB READINESS PROGRAMS

The unseen impact of psychological trauma can significantly hinder success in education, training, employment and career paths. Many people experience trauma in their lives, which can lead to [mental health conditions](#) like Acute Stress Disorder (ASD) and Post-Traumatic Stress Disorder (PTSD), as well as anxiety and depression. These conditions, as highlighted by the Americans with Disabilities Act (ADA) National Network, make up the most common disability in the U.S., yet significant employment disparities exist. Only 38.1% of adults with these diagnoses are employed full-time, compared to 61.7%

of adults without disabilities. This highlights a critical gap in trauma-informed care within education and workforce development.¹

According to Kristen Patterson, disability and youth services coordinator with the Division of Workforce Development and Adult Learning for the Maryland Department of Labor, “Maryland has been at less than 3% unemployment since May 2022, and the Department of Labor has recognized that it is imperative to bring more individuals into the workforce. We see trauma and mental health challenges as a primary barrier for many individuals and have begun to put resources to solve this issue.”

More than ever before, higher levels of toxic stress and trauma are undermining the success of individuals who are on the path to opportunity – from secondary and postsecondary students to workers entering employment or building careers. Additionally, this post-pandemic trauma has also had a tremendous effect on the nation’s youth.

Martin Copeland III is the coordinator for learning and development at Employ Prince George’s in Prince George’s County, Maryland, a workforce development nonprofit that serves over 25,000 job seekers and businesses annually. He reiterated the prevalence of trauma and stress facing individuals at their job centers:



Before the pandemic, customers would come into our American Job Centers with maybe two to three barriers. We are now regularly seeing folks come through the door with five to six barriers. If before, it was just transportation and childcare needs, now it’s also mental health needs, housing needs and more. It takes a lot more support from our Career Consultants and Youth Career Coaches to serve these individuals.

– **Martin Copeland III**, Coordinator for Learning and Development, Employ Prince George’s

Individuals who experience trauma and toxic stress are more likely to face mental and physical health challenges, as well as financial and economic hardship. Leaders and practitioners across education and workforce development systems are beginning to realize how essential it is to understand trauma and its effects in order to more effectively work with program participants and support and retain staff.

Exacerbating the problem, workforce development and education support systems are broken, and the professionals who serve these individuals are lacking resources and support themselves. Working in these environments without adequate training and support is also harmful to the mental health of staff and leadership in these organizations, diminishing their ability to succeed at work. Staff members are burned out and facing their own trauma, along with compassion fatigue that can lead to workplace tension and turnover. These dedicated, hard-working providers are literally working on the front lines of a mental health crisis.

There needs to be a way to holistically address trauma and toxic stress by equipping support staff with the appropriate tools, bandwidth and resources to help others without harming themselves. This begins with integrating trauma-informed, healing-centered approaches into the core of their work with constituents – through strategies, policies, programs, services, systems and overall organizational culture.

UNLOCKING POTENTIAL: HOW TRAUMA-INFORMED PRACTICES CAN IMPROVE EDUCATION, WORKFORCE DEVELOPMENT AND HUMAN SERVICES

Maintaining the status quo and neglecting the mental health and well-being of staff, students and workforce program participants will exacerbate existing mental and physical strain. Delaying action will further erode their capacity to thrive. To ensure the continued success of our educational, workforce development and social service organizations, trauma-informed, healing-centered and resilience-building practices must be integrated and prioritized.

Adopting these approaches will empower organizations to address the challenges experienced by students and participants, as well as organizational staff and leadership. These challenges include academic struggles and stop-outs in higher education; workforce training and employment hurdles; and low morale, engagement and retention among employees on the front lines. When individuals who have historically been left behind receive support from organizations who have invested in trauma-informed strategies, they are better able to succeed in education, training and employment opportunities.



White paper methodology

To help workforce development and education professionals better understand trauma-informed and healing-centered practices and strategies, Corporation for a Skilled Workforce (CSW), a national workforce development policy nonprofit, and InsideTrack, a nonprofit success coaching organization, have partnered to write this white paper, which provides research and data on trauma and toxic stress, shows field examples of workforce development organizations and school systems addressing trauma- and stress-related challenges, and offers two actionable trauma-informed and healing-centered frameworks.

Throughout this report, the “Voices From the Field” sections spotlight actual examples of the toxic stress and trauma practitioners are witnessing and experiencing on the job – and how they are addressing these challenges to support those they serve in more trauma-informed, healing-centered and resilience-building ways. Interviewees include Emily Bergt, financial education and data coordinator for the Detroit at Work public workforce development system; Hester Hamby, career technical education and workforce development director for Coosa County Schools in Alabama; Jim Hollis, executive director of Calculus Roundtable; and Gabriella Lora, STEM projects coordinator at Calculus Roundtable. In addition to these interviewees, CSW and InsideTrack talked with an array of other practitioners and leaders across workforce development and education systems to inform the insights in this white paper.





Part II

The impact of trauma and toxic stress on students and
workforce participants



Understanding trauma and toxic stress

What is trauma?

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines trauma as an experience, series of experiences, or set of circumstances that an individual perceives as physically or emotionally harmful or threatening. This can have lasting negative effects on a person's functioning and overall well-being, including their mental, physical, social, emotional and spiritual health. Trauma can affect not only individuals, but also entire generations or communities.²

This definition emphasizes the subjective nature of trauma. Different people may perceive and respond to the same traumatic event differently due to factors such as their mental health, biological makeup, life experiences and personal resilience. For example, exposure to gun violence, poverty or racism might not be traumatic – or traumatic in the same way – for everyone. However, adopting a universal trauma-informed approach to services, programs and management is beneficial to all. It addresses the needs of those who have experienced trauma while creating a safe and supportive environment for all participants, regardless of their personal history.

SAMHSA's definition also underlines the profound impact of trauma. When re-triggered, individuals may experience intense physiological and emotional responses, with their bodies and brains feeling as though they are being attacked, threatened or harmed. These reactions, often perceived as "overreactions," stem from the brain's prioritization of survival mechanisms – fight, flight, freeze or fawn – which can temporarily limit logical reasoning and executive function.

The lasting effects of trauma are another key aspect of the SAMHSA definition. Trauma can significantly impair an individual's functioning and well-being across various life domains. Traumatic experiences can linger, hindering success in work, relationships and daily life – particularly if left

unaddressed through therapy. Conversely, trauma can remain dormant for years, only to resurface when triggered, disrupting an individual's functioning at work, school or in their personal life.³

Dr. Jessica Camp, co-founder of the nonprofit organization [Healing-Centered Restorative Engagement](#), has developed a framework that outlines six distinct trauma types. These are summarized below, with a more detailed exploration available in the CSW blog post, "[What Are Toxic Stress and Trauma?](#)"

- **Acute Trauma:** This is a single, time-limited event, such as a car accident, that overwhelms an individual's ability to cope and leaves lasting emotional and psychological effects.
- **Chronic Trauma:** When an individual experiences repeated exposure to trauma and toxic stress over an extended period – such as ongoing child abuse, bullying or community violence – that chronic trauma can erode their sense of safety and well-being, leading to long-term consequences.
- **Complex or Developmental Trauma:** This refers to experiencing multiple traumas simultaneously, often during childhood. Examples include [Adverse Childhood Experiences \(ACEs\)](#) combined with racial discrimination, which can have a profound and lasting impact on development.
- **Secondary or Vicarious Trauma:** When someone is exposed to the trauma of others, particularly within a helping profession like a career or college success coach, they may internalize that trauma, experiencing symptoms such as anxiety or depression after working with students who have shared their own traumatic experiences.
- **Organizational Trauma:** When staff within an organization are consistently exposed to trauma or secondary trauma, it can create a toxic work environment. Hospitals during the COVID-19 pandemic or workplaces with high levels of bullying are examples. This can significantly impact morale, productivity and staff well-being.
- **Collective Trauma:** Traumatic events that affect a large group of people or an entire society can have a lasting impact on social cohesion and mental health. The COVID-19 pandemic, racism and the 9/11 terrorist attacks are all examples of collective trauma.

What is toxic stress?

While trauma is often associated with a single event or series of events, [toxic stress](#) arises from the prolonged exposure to heightened stressors. These stressors, though potentially manageable in isolation, can become overwhelming when intense and/or prolonged. This chronic activation of the stress response system can negatively impact mental and physical health.

The experience of toxic stress is highly individualized. For instance, students facing poverty, eviction threats, full-time work and full-time studies are likely experiencing one or more toxic stressors. For a student working long hours while worrying about bills and school work, toxic stress can disrupt their sleep and lead to brain fog – impacting professional and academic performance and causing fatigue. If the stress becomes overwhelming and significantly hinders daily function, it can evolve into trauma. Consider the student example. If the chronic stress triggers debilitating anxiety attacks requiring emergency room visits, suicidal ideation, or an inability to attend classes or work, the experience has transitioned from toxic stress to trauma.



How trauma and toxic stress impact individuals pursuing education and employment

Recent advancements in neuroscience have shed light on the profound effects of trauma and toxic stress on the human brain and body. When we experience a traumatic event, or even chronic exposure to stress, our brain's alarm system, the amygdala, triggers a cascade of responses preparing us for survival.

The amygdala acts as the brain's smoke detector, constantly scanning for threats – real or perceived. Whether it's a heart-pounding scene in a horror movie or a genuine danger, the amygdala triggers a flight, fright, freeze or fawn response. This survival mechanism floods the body with stress hormones like adrenaline, sharpening focus for immediate action. However, it also temporarily puts the prefrontal cortex on hold, the area responsible for higher-level thinking like planning and impulse control. This process prioritizes immediate physical survival, a built-in reflex wired into humans over millennia of evolution. It's important to keep in mind that this reaction can be triggered not just by current dangers, but also by sights, sounds, smells or situations that resurface past traumas.⁴

The lasting effects of trauma and stress in learning environments

The impact of trauma on learning, employment and career development is significant. When the prefrontal cortex and executive functioning are compromised by past or current trauma and toxic stress, a student's ability to study, focus and succeed in academic settings can be severely hampered. The same holds true for participants in training programs or workplaces. Even if the original trauma seems to have subsided, it can still be triggered unconsciously. For instance, an adult who experienced childhood abuse might find themselves reacting intensely to an onerous teacher or boss. Their body remembers the trauma and reacts in survival mode, even if their conscious mind doesn't recognize the connection.

Clearly, when an individual's prefrontal cortex and executive functioning are impaired, it threatens their ability to thrive at home, let alone study, perform well at work, or succeed along their educational and career pathways. Chronic exposure to toxic stress and trauma creates a constant state of hypervigilance. Their brain remains on high alert, scanning for real or perceived threats. This persistent activation of the survival response diminishes their ability to think clearly and focus, leading to fatigue, aches and even chronic illnesses. Dr. Arline Geronimus, a professor of health behavior and health equity at the University of Michigan, termed this phenomenon "[weathering](#)," highlighting the cumulative wear and tear on the body and mind.

[The minority stress model](#), first introduced in 2003, also shows the link between stress experienced by individuals who have been disadvantaged or oppressed and their mental and physical health. Dr. David R. Williams, chair of the Department of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health, has researched and raised awareness of the links between socioeconomic status, race, racism and health for over three decades and has recorded an informative TED Talk about these issues, "[How Racism Makes Us Sick](#)." Because trauma survivors are in constant part-survival mode, they may be easily agitated or angered, struggle to trust and work with others (including fellow students and success coaches), and find themselves feeling depressed, anxious, easily defeated and/or distracted.



THE IMPACTS OF TRAUMA EXPOSURE: A LOOK AT THE DATA

A significant portion of the U.S. population has experienced trauma. Data from the Substance Abuse and Mental Health Services Administration (SAMHSA) indicates that **90% of adults report exposure to at least one traumatic event in their lifetime.**⁵

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What's more, a seminal study on Adverse Childhood Experiences by the Centers for Disease Control and Prevention (CDC) and Kaiser Permanente found that, in a nationally representative sample, 63.9% of individuals had experienced at least one Adverse Childhood Experience (ACE) — a traumatic event that occurs before age 18, such as abuse, neglect or household dysfunction. Just over half — 51.4% — had experienced one to three ACEs, and 12.5% had experienced four or more ACEs.⁶

Data suggest a correlation between several factors and a higher number of ACEs. These factors include:

- **Gender:** Females reported a higher average ACE score (1.68) compared to males (1.46).
- **Race/Ethnicity:** Individuals who identified as Black (1.69), Hispanic (1.80) or multiracial (2.52) had a higher average ACE score compared to white participants (1.52).
- **Socioeconomic Status:** Individuals who have less than a high school education (1.97), have income less than \$15,000 per year (2.16), are unemployed (2.30) or are unable to work (2.33) reported higher average ACE scores compared to those with a high school education or higher, income of greater than \$15,000 per year, and employment.
- **Sexual Orientation:** Participants identifying as gay/lesbian (2.19) or bisexual (3.14) reported a higher average ACE score compared to those identifying as straight (1.60).⁷

The CDC-Kaiser ACE study offered a significant contribution to understanding trauma exposure. However, its generalizability is limited due to a sample bias towards white, older, higher-educated and employed demographics. Additionally, the focus on eight categories of *individual* or *household* ACEs measured through 11 questions limited the comprehensiveness of the data. To address these limitations, the Philadelphia Expanded ACEs Survey specifically targeted urban Black and Hispanic families. This subsequent study broadened the scope of ACEs by incorporating *community-level* experiences such as witnessing violence, neighborhood safety, racism, foster care and bullying.⁸



When the community ACEs were added to the original individual and household ACEs, the Philadelphia study found that 83% of respondents had experienced at least one “urban ACE” (30% higher than the original CDC-Kaiser data point), 46% had experienced one to three urban ACEs (about the same as the original study), and 37.3% had experienced four or more urban ACEs (almost three times as high as the original study).

This data helps to explain the surge in mental health conditions across the nation. In the United States, two out of five adults report symptoms of anxiety or depression, the two most common mental health conditions. What’s more, anxiety and depression rates surged by 25% during the first year of the COVID-19 pandemic, highlighting the significant impact stressful experiences and collective trauma

have on mental well-being.⁹ As discussed earlier, toxic stress and trauma from ACEs are significant root causes of anxiety and depression. This suggests that individuals with higher ACE scores are even more vulnerable to developing these conditions.

As previously mentioned, the U.S. Surgeon General, Vivek H. Murthy, MD, MBA, has called mental health **“the defining public health crisis of our time.”** Trauma and toxic stress are often at the heart of many mental health conditions such as depression, anxiety and suicidal ideation. It is not a stretch to say that trauma and toxic stress are a major component of the defining public health crisis of our time.

Beyond the mental health consequences, the research by the CDC and Kaiser Permanente demonstrates a clear link between ACEs and high-risk unhealthy behaviors in adulthood. This study revealed a significant increase in health risks for individuals with higher ACE scores. Compared to those with no ACEs, adults who experienced four or more ACE categories saw:

- A 1.4- to 1.6-fold rise in physical health risks, such as physical inactivity and severe obesity
- A 2- to 4-fold increase in smoking, having multiple sexual partners (50 or more intercourse partners), sexually transmitted infections, and poor health (self-rated)
- A particularly concerning 4- to 12-fold increase in the risk of mental health-related challenges and substance-use disorders like alcoholism, drug abuse, depression and suicide attempts¹⁰

This aligns with Dr. Arline Geronimus’ concept of physical “weathering” described earlier, a term that explains an individual’s decline in overall mental and physical health. The CDC and Kaiser Permanente study also found that with each additional ACE, the risk of chronic diseases – like cardiovascular disease, cancer, sexually transmitted infections, AIDS, chronic obstructive pulmonary disease, skeletal fractures and liver disease – significantly increased.¹¹ These poorer health outcomes can be attributed to the combined effects of chronic stress and unhealthy behaviors often adopted by individuals with ACEs, as a way to cope with the emotional toll of their experiences.

How trauma impacts education, employment and financial stability

The troubling mental, physical and emotional consequences of trauma impact an individual’s education, employment and financial stability as well. Studies show a clear link: individuals with two ACEs are 1.5 times more likely to experience job difficulties, 1.4 times more likely to miss work (around two days out of every 30), and 1.8 times more likely to face financial problems.¹²

1.5x

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1.4x

more likely to
miss work

1.8x

more likely to have
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Underscoring the urgency of addressing mental health at work, a 2019 survey revealed that 61% of employees said their mental health affected their work productivity, while 31% felt their work environment contributed to their symptoms.¹³ This highlights the critical need for supportive and trauma-informed workplace cultures. The survey further emphasizes this point, with a resounding 86% of respondents stating the importance of a company culture that prioritizes mental health.

61%

of employees said their mental health affected their work

To address these needs, employees indicated a strong desire for three key resources:

- 1 Mental health training to increase awareness and understanding
- 2 Clearer information about resources to ensure easy access to support services
- 3 A more open culture about mental health at work to encourage help-seeking behavior and reduce stigma

Understanding the neurological effects of trauma can help educators, workforce development professionals and employers connect these challenges to the experience and potential retriggering of traumatic events. While the statistics highlight the significant challenges posed by trauma, they also offer a roadmap for intervention. By recognizing the prevalence of trauma, its root causes and its downstream effects, we can build supportive systems in workforce development and education systems. Furthermore, embedding trauma-informed practices and prioritizing mental health resources can empower individuals to address these challenges and reach their full potential.



Voices From the Field

Pandemic exacerbates barriers to education, training and success

The COVID-19 pandemic has exacerbated a troubling trend: a significant rise in challenges impacting the educational and career journeys of young people and adults. This surge has led to a concerning increase in mental health struggles like depression, anxiety and suicidal ideation. Additionally, it can lead to an increase in social problems like youth gang involvement, gun violence, substance abuse and human trafficking, including sex trafficking.

Frontline staff in workforce development see the struggles of participants firsthand. For instance, foster youth, youth experiencing houselessness, and other young individuals entering the workforce often lack parental support and are put into a position where they have to become adults much sooner in life — facing all the challenges of being an adult without the knowledge of how to navigate those challenges successfully. This leaves them vulnerable to financial difficulties, involvement in criminal activity and further setbacks. And these early challenges create a domino effect, significantly hindering their educational and professional trajectories.

Emily Bergt, financial education and data coordinator for the Detroit at Work public workforce development system, recalls how during the pandemic, there was significant extra funding and resources available to help address the considerable challenges her adult workforce development participants were facing. “For once,” she says, “the funding and resources were actually at the levels necessary to help people overcome their barriers and succeed in training and employment.” But now the pandemic-era resources are dwindling, and the system is back to anemic and inadequate resources.

In addition, with the low national unemployment rate, many people who want a job have a job. So individuals coming into career centers have even greater struggles than participants of the past — including chronic unemployment, unidentified mental health conditions, and very unstable housing and support systems. “The participants we are seeing now have barriers and challenges greater than our available resources and funding,” says Bergt. “We’ve missed the window of opportunity to serve them adequately when the funding was enough to meet the real level of need.”

WITNESSING THE STRUGGLE: STAFF ON THE FRONT LINES OF STUDENT AND WORKFORCE DEVELOPMENT PARTICIPANT MENTAL HEALTH CHALLENGES

The gravity of these challenges extends to those working on the front lines of support. Jim Hollis, executive director of Calculus Roundtable, a nonprofit dedicated to boosting STEM skills for students of color, highlights the concerning rise in student stress and trauma. “We see an incredible amount of stress and trauma in both our middle and high school constituencies,” he says.

This harsh reality translates into unexpected demands for Calculus Roundtable’s fellows — the college students working directly with the high school participants as their one-on-one tutors and mentors. While the fellows offer expertise in STEM fields, they have also become



confidantes, encountering situations beyond academics, including suicidal thought confessions, domestic abuse and LGBTQ+ youth facing homelessness after being kicked out of their homes.

Hollis further underscores the pervasiveness of these challenges by sharing a powerful anecdote. Serving as a judge for an Advanced Placement (AP) competition in Richmond, California, that asked students to propose an idea for a mobile app, he observed that a staggering 6 out of 10 student groups independently proposed solutions focused on teen anxiety, trauma or suicide prevention. This speaks volumes about the lived experiences of today's youth and where they see the need for support. They are not only seeing and experiencing the impacts of trauma and toxic stress – they are also actively seeking solutions.

The same applies to adult workforce development participants. Bergt in Detroit stressed how critical it is for any workforce staff working with job seekers to make sure they feel like “they aren't just a number, they're a human being with their own struggles.” In addition, she says, “We need to be a beacon of light for them, helping to provide hope for the future, which many of them just don't have.” If staff members aren't authentic and can't provide that “beacon of light and hope,” the customers they're working with see right through it and feel like “here's yet another person in the system who's failing me again.”



HOW TRAUMA-INFORMED STAFF TRAINING UNLOCKS EMPATHY AND OPPORTUNITY

The need for trusted coaches and staff who can navigate complexities alongside participants is vital. Recognizing this, Calculus Roundtable has partnered with InsideTrack, a nonprofit leader who leverages coaching to empower individuals to overcome educational and career barriers. This partnership aims to develop crucial skills in supporting students facing trauma and toxic stress. To do so, fellows from Calculus Roundtable are trained in InsideTrack's research-proven coaching methodology, including the [CLEAR framework](#) – a way to help individuals who are stuck and struggling to shift their perspective, helping them realize the influence they have over the situation and explore options they have to resolve their barrier and move forward.

A key focus of this program is cultivating empathetic listening – allowing students to express their experiences before rushing to solutions. Gabriella Lora, STEM projects coordinator at Calculus Roundtable, highlights the impact of this training during planning sessions. She notes, “The fellows are starting to ask different questions and think more deeply about student experiences.” This translates into tangible benefits. As Lora observes:



[The fellows are] gaining skills to manage chaos and challenges, and I see a shift in how they talk about students – with a focus on empathy. Now, when they encounter disruptive behavior, they see beyond it, identifying potential underlying trauma and student values. They’re seeing the students differently.

– Gabriella Lora, STEM Projects Coordinator, Calculus Roundtable

Many of InsideTrack’s coaching partnerships underscore the importance of acknowledging the prevalence of crises faced by young participants and training staff members to be able to respond in moments of crisis. A significant portion of engaged participants across programs require referral to [InsideTrack’s Crisis Support Services](#) to address critical challenges. These specially trained staff provide vital intervention, focusing on:

- Identifying immediate needs and safety risks
- Employing trauma-informed questioning to understand the situation
- Rapidly building trust and rapport with participants
- Collaboratively exploring support options
- Developing a personalized action plan for moving forward
- Offering ongoing support throughout the crisis
- Following up to ensure safety, continued support and access to available resources

Effective support for youth and adults in workforce development and education systems hinges on recognizing and addressing challenges with both empathy and urgency. By equipping staff with the skills to listen attentively and respond with understanding, they’re empowered to navigate the complexities faced by those they serve. This proactive approach is critical to unlocking opportunities and fueling success.



Part III

The impact of trauma and toxic stress on frontline staff



The toll of trauma and toxic stress on support staff

Without a doubt, the weight of supporting others can take a toll. Staff working to support individuals along their pathways to opportunity often must navigate challenges themselves. This typically manifests itself in three ways:

- 1 They may carry their own personal experiences of trauma into the workplace
- 2 They may encounter toxic work environments that drain their energy and purpose
- 3 They may wrestle with the emotional toll of witnessing the struggles of those they serve

This constant exposure to trauma, both directly and indirectly, can lead to compassion fatigue, moral injury and secondary trauma.

Bringing personal trauma to work

Whether they're working with students in school systems or individuals pursuing careers, support staff are not just dedicated – they give their all to help improve the lives of the individuals they work with. But they're human too. And like any segment of the population, they're susceptible to experiencing trauma. Furthermore, research suggests that a common thread might weave through many who choose helping professions. Motivated by a desire to empower others, they may be drawn to these fields due to their own encounters with poverty, marginalization or other challenges. This personal connection can be a source of strength, but it also raises the possibility that staff in these fields have more personal trauma compared to those in other professions.

Just like any survivor or individual actively experiencing trauma, staff may carry trauma responses and coping mechanisms into their work lives. To ensure their success and well-being, workplaces need to be both trauma-informed (understanding how trauma can manifest) and trauma-responsive (actively

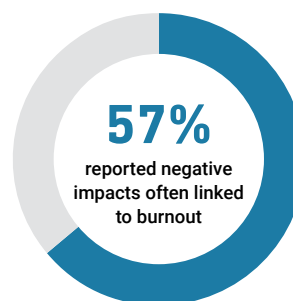
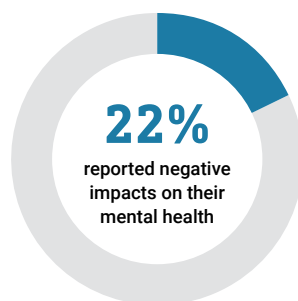
cultivating supportive environments).¹⁴ This doesn't translate to lower standards or lower quality work. Instead, it means offering flexibility, building strong support systems and managing stress levels. These strategies, [explored in more detail below](#), benefit all employees, not just those who have experienced personal trauma. After all, a healthy and supported workforce translates to a more effective and resilient organization, well-positioned to serve its constituents.

Navigating unhealthy work dynamics

While personal experiences can impact staff well-being, the workplace itself can also be a source of trauma and toxic stress. Research by the MIT Sloan School of Management identified five key attributes associated with toxic work environments, aptly named the "Toxic Five."¹⁵ These attributes not only contribute to lower morale and employee satisfaction, but they can also create conditions that lead to secondary trauma for staff. Here are the "Toxic Five" attributes and the specific behaviors that can make a workplace toxic:

- **Disrespectful:** Lack of consideration, courtesy and respect for others
- **Non-Inclusive:** Inequity based on race, age, sexual identity, disability status and more
- **Unethical:** Immoral, dishonest behavior
- **Cutthroat:** Backstabbing behavior and ruthless competition
- **Abusive:** Bullying, harassment and hostility

By highlighting these specific behaviors, we can better understand how the "Toxic Five" attributes contribute to a climate of fear, anxiety and trauma for staff.



The American Psychological Association's (APA's) [2023 Work in America workforce survey](#) revealed a troubling reality: 19% of

respondents reported working in a toxic environment and a concerning 22% indicated their workplace had negatively impacted their mental health. A significant majority (57%) reported experiencing negative impacts often associated with workplace burnout, such as emotional exhaustion, decreased motivation, thoughts of quitting, low productivity, irritability with colleagues and customers, and feelings of being ineffective. The overlap with trauma and toxic stress responses is clear, including the responses of fight (irritability and anger), flight (desire to quit), freeze (feeling ineffective), and fawn/submit (feeling unmotivated).

Disappointingly, the APA survey also found that “employees working for nonprofit and government organizations were more likely to report a toxic workplace than those in private industry (25% and 26% vs. 17%).” Surprising as it sounds, this data does align with the high levels of trauma and toxic stress reported in informal polls taken during CSW trainings, where 85 to 95 percent of trainees consistently report that they see possible signs of trauma in themselves or their colleagues – and similar percentages of trainees see signs of trauma in workforce participants.

Similar findings can be found in the first-ever [Surgeon General’s Framework for Workplace Mental Health and Well-Being](#), authored by U.S. Surgeon General Vivek Murthy, MD, and in recent reports from the [SHRM Foundation](#), the [Wharton School](#) at the University of Pennsylvania and [Healthline](#).

Moral injury and the need for system-wide change

In addition to unhealthy work dynamics and their own personal trauma, staff in colleges and universities, human services and workforce development organizations are also squeezed between high needs and limited resources. Symptoms like burnout, compassion fatigue and secondary trauma might mask another serious issue – moral injury among staff.

[Moral injury](#) describes the profound psychological, social and spiritual distress occurring from a violation of someone’s core values, like fairness, justice and loyalty. Historically applied to [soldiers grappling with wartime actions](#) that contradict their beliefs, moral injury leads individuals to experience a deep sense of betrayal, shattering their trust in both themselves and others. This can lead to a downward spiral of depression, self-destructive behaviors and even suicidal ideation. However, it’s crucial to recognize that “moral injury is not an individual psychological issue, but rather a social problem, reflecting a betrayal of society’s morals and values.”¹⁶

Moral injury isn’t confined to the battlefield. It extends to veterinarians faced with euthanizing beloved pets, journalists witnessing atrocities, and healthcare providers pressured to prioritize profits over patients.¹⁷ What’s more, a recent study found that between 45.4% and 80% of K-12 educators (teachers, social workers, counselors) experienced some level of moral injury, mirroring rates seen in military veterans.¹⁸

It’s plausible to suggest that frontline staff in workforce development, human services and school systems, particularly those serving communities of color and communities from low-income backgrounds, are experiencing moral injury. A perfect storm of factors – limited budgets, demanding performance metrics and growing support needs of the individuals they serve – creates an untenable situation. Dedicated staff struggle to give the people they’re working with the kind of support they truly need. This leads to a sense of betrayal and potentially, moral injury. When workplaces normalize practices that contradict society’s core values, it reflects a collective moral failing.

CSW plans to explore and research this issue in more depth and welcomes other interested readers to join them in this exploratory journey. This critical exploration requires collaboration from researchers and practitioners in the field, as understanding moral injury is crucial. And unlike individual-level interventions for burnout or compassion fatigue, addressing moral injury requires organizational, community and societal changes to ensure staff have the resources and support they need to deliver the care they're dedicated to providing.



Voices From the Field

Professionals in crisis: Working in underfunded and complex systems

Driven by empathy and a desire to help others, many workforce development professionals are drawn to the field. However, the very nature of their work exposes them to trauma and toxic stress. This stems not only from supporting individuals in crisis, but also from navigating fragmented systems that are underfunded, understaffed and unaligned with the realities students and participants face daily.

For instance, staff at Calculus Roundtable are experiencing significant stress, often stemming from interactions with schools. As Jim Hollis, the nonprofit's executive director, shared, "While I haven't seen fellows having much stress working with the students, I have seen them feeling stress working with the school systems."

The pandemic has exacerbated chronic absenteeism, leading to disorganization within schools, especially those within communities of color from low-income backgrounds. Hollis says that, in these environments, "all of the things that make a successful learning environment are often broken."

To address the stress this chaos causes, Calculus Roundtable has implemented reflection sessions for staff, creating spaces for fellows to share their experience with a group of experienced educators. This collaborative, professional learning journey enables them to learn from one another and track each other's progress with students. This time is also a valued opportunity for instructors to reflect on their practice in a supportive environment, free from judgment or shame. The reflection sessions allow for the power of the whole to impact each individual 1:1 session.

Emily Bergt, financial education and data coordinator for the Detroit at Work public workforce development system, painted a stark picture, emphasizing the lack of time, resources and staffing needed to adequately support students, workers and staff alike. She stated, “There is not enough time, resources or people to provide the services. We suffer from burnout because we’re giving 110% effort 125% of the time.”

She credits the Detroit at Work Trauma and Resilience Ambassador network training and coaching provided by CSW for equipping her and her fellow ambassadors with the skills to identify early signs of toxic stress, trauma or trauma-retriggering in themselves before these issues become debilitating or derail their careers. This training also emphasizes self-care practices like taking mental health days; prioritizing basic needs like sleep, exercise and healthy eating; and fostering a healthy work-life balance.

However, she emphasizes the need to expand these crucial programs to encompass a wider range of staff within workforce development organizations. By creating a more comprehensive understanding of these issues, colleagues can support each other in a collective care approach, ensuring everyone is “on the same page.”

Hester Hamby, the career technical education and workforce development director for Alabama’s Coosa County Schools, highlighted the importance of starting small to build trust and open doors to greater economic mobility. She shared a success story of a pregnant student who needed immediate support. By initially helping the student obtain maternity clothing, Coosa County staff established a foundation of trust. This opened the door for deeper support, and the student is now working with staff to find a job to provide for themselves and their child. Hester emphasized the crucial role of addressing basic needs, including “medical care, food, clothing and shelter,” as the first step towards a brighter future.

As organizations work to provide these critical services, it becomes clear that it’s within a program’s best interest to make decisions that include the perspectives of frontline staff members and participants, in alignment with the [SAMHSA principle of Empowerment, Voice and Choice](#). This empowers staff to better navigate the challenges of systems with limited resources and deliver the best possible services. Workforce development professionals may not be able to fix the entire system, but small changes within organizations can positively impact the people served.



Carrying the burden of secondary trauma

Secondary trauma is another way trauma can impact staff and leaders in school systems, human services and workforce development organizations. The National Center on Parent, Family, and Community Engagement in the U.S. Department of Health and Human Services provides this explanation:



When we work with participants who have experienced trauma, we may be deeply affected by their pain, anxiety and other strong feelings. The result may be secondary or vicarious trauma. It is a natural reaction. It is our own emotional response to the helplessness, fear and hopelessness that other people who have experienced trauma often feel. Secondary trauma can leave us with similar feelings that can weigh us down and make it difficult for us to relax or experience joy.¹⁹

– The National Center on Parent, Family, and Community Engagement

Secondary trauma can affect individuals in many of the same ways as primary trauma experiences, triggering fight, flight, freeze or fawn responses. For example, staff may experience a range of symptoms:

- **Physical:** Headaches, body aches, fatigue
- **Emotional/Psychological:** Hopelessness, disengagement, mood swings
- **Cognitive:** Cynicism, feeling like a failure, preoccupation with the student's or participant's situation
- **Interpersonal:** Conflicts with teammates, social withdrawal
- **Behavioral:** Difficulty separating work and home life, irritability
- **Spiritual:** Experiencing existential questioning or crisis²⁰

Exposure to secondary trauma doesn't have to automatically harm staff members' mental and physical health. By adopting trauma-informed, healing-centered and resilience-building approaches to organizational, institutional and agency practices and policies, harm can be significantly reduced or at least managed. This proactive approach promotes the well-being of staff and fosters a more supportive environment for all.



Part IV

Trauma-informed, healing-centered support approaches



Trauma-informed and healing-centered approaches to build resilience in workforce development and higher education systems

Mounting evidence underscores the critical need for trauma-informed, healing-centered and resilience-building approaches in workforce development and education settings. This support extends beyond participants and students to encompass the staff who guide them. Staff members also require support for their own experiences with trauma and toxic stress. Additionally, they need practical frameworks – frameworks that are efficient, effective and adaptable to diverse contexts – to empower them in their roles.

In this section, CSW and InsideTrack share frameworks and practical examples to help organizations implement trauma-informed, healing-centered and resilience-building practices.





Creating a supportive workplace

The CSW framework for a trauma-informed approach

CSW's trauma-informed, healing-centered and equity-minded principles are adapted from SAMHSA's Six Key Principles [for a Trauma-Informed Approach](#) and the [University of Michigan's Equity-Focused Teaching Principles](#). The principles in this framework include:

- **Safety, Respect and Structured Interaction:** Staff feel physically, psychologically and emotionally safe at work, respected and valued for their contributions. Examples include:

- ◆ *Actively maintaining a safe, welcoming workplace, including the parking lot and surrounding vicinity*
- ◆ *Creating a safe process for individuals to disclose mental, physical and emotional health challenges without fear of repercussions*
- ◆ *Intentionally structuring team meetings and work groups to ensure equitable opportunities to participate, lead and contribute*

- **Trust and Transparency:** Clear communication keeps staff informed about the organization and decisions that may affect them. Examples include:

- ◆ *Providing regular and proactive communications from leadership and managers to create a staff member's sense of ownership in their jobs and trust in their employer*
- ◆ *Using multiple channels for communication – including meetings (video and in-person), email and online platforms – to give staff a way to connect in a way that works for them*
- ◆ *Offering staff genuine opportunities to share successes and concerns, then responding in real ways to those concerns*

- **Peer Support and Belonging:** Leaders and colleagues create opportunities for genuine connection and relationship building among staff. Examples include:

- ◆ *Implementing meeting icebreakers, team outings and other fun activities to allow teams to get to know one another better and bond over shared interests*
- ◆ *Regularly checking in on team member well-being to let staff know they are valued and that they can turn to others for help, i.e. self- and collective-care check-ins as standing team meeting agenda items*

- **Collaboration and Mutuality:** Staff work with students and participants, not to or for them. Examples include:

- ◆ *Co-creating plans for educational opportunities, employment and goal achievement with participants to build trust while helping individuals move forward*
- ◆ *Recognizing the de facto power and authority coaches and case managers have over connecting participants to resources they need, and shifting this power dynamic from "I give you access to these resources" to "Let's work together to get what you need"*

- **Empowerment, Voice, Choice and Flexibility:** Staff and participants have opportunities to share ideas and influence decisions. Examples include:

- ◆ *Encouraging staff input on team and organizational decisions*
- ◆ *Responding to and following up on staff feedback*
- ◆ *Supporting students and participants in expressing their opinions and making choices*
- ◆ *Providing staff the flexibility to take mental health breaks or days and to do tasks at ideal times for their work style, i.e. writing reports at the time of day they can best concentrate*

- **Cultural Humility and Critically Engaging Difference:** The workplace as a whole cultivates respect for and values diverse backgrounds. Examples include:

- ◆ *Offering program materials in multiple languages*
- ◆ *Celebrating diverse cultural holidays, such as Juneteenth, Diwali and Ramadan*
- ◆ *Actively learning about the social, political and economic conditions that shape participants' lives*

When implementing this framework, consider two types of strategies:

- **Technical Strategies:** These involve creating clear written policies, documented processes and procedures.
- **Cultural Strategies:** These focus on fostering a positive work environment where staff feel respected and valued by supervisors and colleagues.

While these principles may seem straightforward, the true challenge lies in consistently applying them throughout the organization. This requires dedicated time, intentionality and a commitment to integrating these principles into every aspect of daily operations, services, programs, supervision and policies.

This ongoing process builds a trauma-informed, healing-centered, equitable and resilience-building culture. Organizations can start small by exploring two key questions to guide this journey:

- **Current Practices:** How do our existing organizational practices, services, programs, supervision and policies already reflect these principles?
- **Deepening Integration:** How can we further integrate each of these principles into all aspects of the organization?



Supporting staff to support participants

InsideTrack's healing-centered engagement framework

InsideTrack works with thousands of individuals every day as they navigate their education and careers. To do so, specially trained coaches use an [evidence-based, research-confirmed approach](#) that meets the participant where they are, then work with that person to develop the specific knowledge, skills and beliefs necessary for success in their education, career and beyond. This method of coaching doesn't give participants the answers. Instead, it helps them develop the critical thinking, problem solving and perseverance skills they need to overcome barriers on their own – setting them up for success for the rest of their lives.

InsideTrack partners with organizations to deliver coaching in two different ways:

- 1 Directly working with an organization's students or workforce participants via one-on-one, multi-channel coaching
- 2 Providing [coaching development and training](#) to an organization's staff, equipping them with the tools needed to build their own sustainable in-house coaching capacity

When thinking about embedding trauma-informed and healing-centered approaches, it's critical that organizations create a positive work environment for their employees, and that they think about their employees as frontline supporters who also need support. This is where equipping staff with a proven support framework comes in.

InsideTrack uses the **CLEAR framework** to shape conversations with individuals who might be experiencing trauma or stress as they navigate their education or career pathways. **CLEAR stands for Confirm, Legitimize, Evaluate And Respond**. It's an approach that promotes understanding before problem solving and can be an extremely helpful tool when working with individuals experiencing heightened emotions, facing major life choices or dealing with difficult circumstances.

CLEAR is all about listening to each individual with intent. Here's an example:



CONFIRM

"I hear you..."



LEGITIMIZE

"That's valid..."



EVALUATE

"I want to fully understand..."



AND RESPOND

"Now that I understand, I want to..."

Responses can take many different forms, including advocating for the individual by sharing resources or correcting a mistake, sharing information to expand perspectives and provide clarity, and collaborating on a plan to help them advance towards an actionable next step.

The CLEAR Framework asks practitioners to pause... then work to use empathy to understand and validate the feelings of the individual before moving on too quickly to problem solving. The tool can be especially valuable for creating a neutral space, allowing an individual to explore their options within their current situation.

CLEAR framework best practices can be broken down into three blocks:

Think from the participant's point of view

- *Ask participants to define their obstacles in their own words*

Be aware of your own feelings

- *Use a relaxed tone*
- *Stay neutral*
- *Assume positive intention*

Show constant support for your organization and program

- *Assure the participant you are there to support them as a dedicated program representative*

As support staff work to incorporate trauma-informed practices into their work with the individuals they serve, they can consider how the CLEAR framework might help them navigate complex situations for students who may be experiencing stress or trauma retriggering. Consider:

- 1 Have I paused to validate their experience before jumping into "problem solving"?
- 2 Have I fully listened, with no judgment, as they described their situation?
- 3 Have I taken the time to go over any resources that might be available to them?

Additional frameworks that can help organizations advance trauma-informed and mentally healthy cultures include the [U.S. Surgeon General's Framework for Workplace Mental Health and Well-Being](#) and the [Trauma-Informed Workplaces Toolkit](#) by the Campaign for Trauma-Informed Policy and Practice.

**Voices
From the
Field**

The benefits of creating a strengths-based, judgment-free zone

In rural Coosa County, Alabama, where most students live below the poverty line, the district's 100% free lunch program demonstrates a commitment to student well-being. Poverty often intersects with systemic oppression, meaning individuals facing poverty are more likely to experience discriminatory policies and practices that limit their opportunities and resources. This, in turn, can lead to chronic stress and exposure to violence – putting students at significant risk for mental health challenges and acute, chronic and/or complex trauma. But for school staff supporting students, creating a judgment-free zone and adopting a strengths-based approach can empower students to overcome these obstacles and thrive in high school, college and beyond.

Hester Hamby, the career technical education and workforce development director for Coosa County Schools, revealed a concerning statistic: nearly half of the high school students in her area don't live with a parent or legal guardian. This can be traumatic for teenagers, leading to attachment issues, feelings of insecurity and a greater risk of experiencing Adverse Childhood Events (ACEs). Hamby further illuminated the challenges these students face, explaining, "Part of my job is to ensure they have the skills and support needed to enter the workforce and become self-sufficient. However, some students may lack positive work ethic role models at home. This could be because they're being raised by someone of retirement age, or because parents don't work." She notes that the labor force participation rate in her area – people that are working or actively looking for work – is not particularly high.

In response to these challenges, the Coosa County School District has invested in trauma-informed approaches for Career Technical Education (CTE) programs. This equips professionals with developmental techniques to holistically support students. A key aspect is a developmental coaching model that starts with curiosity and non-judgment. As Hamby says, "We introduce ourselves as people who work with all kinds of situations, and we're not going to assume anything about you. But we want you to tell us your reality. We don't judge." Verbalizing this transparency creates a safe space for students to explore their future while bringing their current experiences to the table.

Similarly, the Detroit at Work public workforce development system has made a significant investment in trauma-informed practices since 2021, allocating nearly \$900,000 for staff training and coaching. This initiative aims to equip staff with the skills and approaches necessary to create a more supportive environment. The focus is on fostering empathy, flexible thinking, transparency and trust-building with the individuals they serve.

Recognizing the impact on both staff and participants, the Detroit at Work program also includes dedicated resources to support program participants. Two workshops exemplify this focus: “I’m the Hero” empowers participants to identify workplace stress and trauma triggers that hinder their success, then equips them with strategies to avoid and counter these triggers. Another training workshop, “Ready, Steady, Go,” focuses on helping participants identify their strengths and leverage those strengths to stay motivated and persevere through challenges.

Jim Hollis from Calculus Roundtable summed up his team’s approach simply as, “We believe everything they say.” This doesn’t mean coaches and staff members have to agree with every decision an individual makes, but by allowing them to bring their whole selves and validating their experiences, they can create the trust essential for building a relationship.



Part V

Working together to chart a course to resilience



A call to action: Building resilience in workforce development and education systems

The evidence in this white paper paints a stark picture: trauma and toxic stress are pervasive challenges impacting students, workforce development participants and the staff who support them. These experiences not only hinder success in education and careers but also contribute to a cycle of mental, physical and financial hardship.

However, this white paper also offers strategies that can change the future state. By adopting **trauma-informed, healing-centered, equity-driven and resilience-building approaches**, we can empower individuals and strengthen their ability to succeed in education, training and employment. Crucially, this support must extend beyond the individuals served to encompass the staff who support them. Investing in staff well-being is not simply an act of compassion – it's a strategic imperative. Staff facing burnout, moral injury and compassion fatigue are less able to provide the kind of support that fosters healing and resilience in others. Equipping staff with the tools, training and resources they need empowers them to become agents of positive change.

What's more, building more trauma-informed, resilient education and workforce development ecosystems requires a concerted effort from all stakeholders. Institutions of higher learning, workforce development programs and support service providers must actively integrate and embed these practices into their structures and policies. Leaders must champion a culture of empathy and mental well-being. By working together, we can create a system that recognizes the humans behind the statistics, empowers individuals to overcome adversity, and equips staff to be effective and compassionate. The future success of our workforce depends on it.

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ABOUT CSW

Since 1991, Corporation for a Skilled Workforce (CSW) has catalyzed change in educational and labor market systems, focusing on scalable improvements in worker skills, job quality, and access to opportunity. The CSW Trauma and Resilience at Work team was created in response to a gap in the national workforce development field to advance trauma-informed, healing-centered, equity-driven, and resilience-building workforces and workplaces.

www.skilledwork.org

ABOUT INSIDETRACK

InsideTrack is a mission-driven nonprofit that fuels social mobility by empowering individuals to achieve their education and career goals through the power of coaching. We help people get the education and training they need to upskill and advance in their careers, creating pathways that lead to quality jobs, family-sustaining wages and meaningful employment. Since 2001, we have served more than 3.5 million individuals – focusing especially on those who have been historically marginalized or face significant barriers to success.

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